nervous elements destroyed, but to an action of the lesion on the nervous matter about it causing inhibition of the sensory apparatus. This is a dynamic process, hence subject to great variation, thus giving rise, under different conditions, to very various results.

As evidence for the above from the experimental side, he presents the results obtained from dogs in which lesion of the internal capsule, lateral portion of the base of the brain, or superior part of the cervical cord was followed by hyperaesthesia of the corresponding, anaesthesia of the opposite side. If, now, a hemisection of the cord be made on the side opposite to the initial lesion (at the level of the last dorsal or first lumbar vertebra) the anaesthesia and hyperaesthesia change places. In these experiments anaesthesia is most complete after section of the internal capsule, and diminishes according to the parts operated, in the following order: pons and lumbar cord; cerebral peduncle and cervical cord; medulla. Passing to the clinical data he divides his material (1) into cases with direct anaesthesia and (2) those with both direct and crossed anaesthesia, due to a lesion of one side only. For (1) he gives 59 cases, and for (2) some references to the literature of the subject. He adds that several investigators have found that anaesthesia of cerebral origin disappears on faradization of the skin.

The clinical evidence presented for this view is certainly open to the objection of not being critically collated. Supposing the experimental facts to be correct, the mere statement that the phenomenon is one of inhibition amounts simply to the statement that something does not occur, and as it stands is no explanation at all.

Der Hund ohne Grosshirn. Prof. GOLTZ. XIV Wanderversammlung südwestdeutscher Neurologen und Irrenärzte, Mai, 1889. Original Bericht von Dr. L. Laquer.

Goltz communicated his observations on a dog which had lived 51 days after the removal of his fore-brain. The fore-brain on both sides was removed together with corpora striata, leaving only a small remnant about the brain-axis between the optic tracts. The thalami were of course secondarily involved. The remaining portions of the stem were soft and but poorly sculptured. The important point was that the dog lived so long a time after such an injury, and could, moreover, stand, walk and rise on his hind legs. He could not eat or drink alone but could chew food put well back in his mouth. Waking and sleeping alternated with him as with a normal animal. When hungry he was restless, when satisfied he slept. He could be waked by touching him at any point of the skin. He then opened his eyes, previously closed, and stretched like a normal animal on waking. If the limbs were put in an uncomfortable position he moved back to the normal. As occasion demanded he could whine, growl, bark and howl. Evacuating faeces or urine he took the positions of a normal dog. To sound he did not react. The senses of smell and sight were wanting because the nerves were sectioned.

Ueber das Rindencentrum für die Stimmbildung. ROSSBACH. Jahressitzung des Vereins der deutschen Irrenärzte. Jena, Juni, 1889. Abstracts of communications in Neurolog. Centralbl., No. 13, 1889, by Bruns.

The patient had symptoms of compression in the caudal cervical region, which at autopsy were found as due to a tumor. Further there was on the left side paralysis of the facial, atrophy of the tongue and paralysis of the vocal cord, of ten years standing. The autopsy showed a so-called *encephalitis subcorticalis* of the right inferior parietal lobe, of the posterior central convolution, where it helps to form the operculum, and of the posterior convolution of the island of Reil. In the medulla the nucleus of the hypoglossus was alone atrophied, whereas the nuclei

of the facialis, vagus and accessorius with their nerves, also the recurrent and the muscles of the larynx and vocal cords were all intact. The paralysis of the vocal cord and of the facialis on the left is therefore connected with the cortical lesion in the right hemisphere, and that of the vocal cord is associated with the defect in the island of Reil or neighboring portion of the parietal lobe.

Ricerche anatomo-comparative sulla distribuzione delle arterie nella superficie encephalica di alcuni mammiferi. R. STADERINI. Atti della R. Accademia dei Fisiocritici, Siena, Serie IV., Vol. 2; 1889.

For the determination of the superficial distribution of the cerebral arteries, the sheep, horse, dog, cat, rabbit, monkey and man were examined. In man and the monkeys the anterior cerebral artery supplies the two olfactory convolutions, the median portion of the orbital convolution, the entire mesial surface of the hemisphere cephalad of the medial portion of the parieto-occipital fissure, together with the superior frontal and half of the middle frontal convolutions and all of the superior parietal convolution. The middle cerebral artery supplies the remainder of the convexity of the hemisphere including the outer face and extremity of the temporal lobe, as well as the island of Reil. It may further send a branch to the middle portion of the occipital lobe. The posterior cerebral artery supplies the entire surface of the temporo-occipital lobe and the medial and lateral faces of the occipital lobe. In the other animals examined the anterior cerebral supplies the greater part of the olfactory lobe, (except in the case of the horse, in which the cephalic third of the olfactory lobe and a part of the frontal lobe are supplied by a cerebral branch of the opthalmic artery), the portion of the brain to which the cephalic extremity of this lobe is applied, the mesial face of the hemisphere, (except a small portion at the caudal extremity,) and the part corresponding to the sagittal convolution. The middle cerebral artery supplies the lateral and ventral faces of the hippocampal lobe and the entire lateral face of the hemisphere, with the exception of the sagittal convolution and the extreme caudal portion of the hemisphere. The posterior cerebral artery supplies the mesial face of the hippocampal convolution, that portion of the surface which lies over the cerebellum, and finally the most caudal portion of the hemisphere.

Ein Hydrocephalus ungewöhnlichen Umfangs. Dr. F. TUCZEK und Dr. AUGUST CRAMER. Arch. f. Psychiatrie und Nervenkrankheiten. Bd. XX. H. 2. 1889. 1 Taf.

The authors give an unusually thorough and concise statement of the appearance and dimensions of both skull and brain in the case of a hydrocephalic patient, the horizontal circumference of whose head was 75 cm. Patient, a male, was normal at birth, but during the first year the head became noticeably large and the lower extremities failed to develop normally. At the age of 29 years he became an inmate of the Landeshospital Haina, where he remained until his death from decubitus suddenly developed, in 1887. The physical examination made at entrance into the hospital showed him normal and fairly developed, save in the two particulars just mentioned. The animal functions were good. He was cleanly, good-natured, free from delusions, could speak slowly, but at the same time clearly, and could sing, had a good memory, for persons at least, though he had had no mental training, never having attended school. In general was rather weak minded; showed no sensory disturbances and could use his hands well, even for sewing, etc.

The skull was found of considerable thickness. Dura adherent to the roof. The latter was thick and heavy. In removing brain 1850 cu. cm. of fluid were collected, after which the brain, with remaining fluid, weighed 1600 grams. The horizontal circumference of the fresh